

APPENDIX - (A) "PREVIOUS LAWSUITS"

[Addendum to page 2 of Civil Right's Complaint]

PREVIOUS LAWSUITS:

- 1).Carson V.Gomez,841 S.W.2d.491(Tex.App.1st Dist.1992),filed in Walker County Court,Jury Trial in favor of Defendant G.Gomez;
- 2).Carson V.Robinson,in the 42nd District Court of Taylor County, Texas,NO.41-792-A,Larry Robinson Defendant,Non-Jury Trial in favor of Defendant.(date of verdict unknown)
- 3).Carson Vs.Ratley,in the 172nd District Court of Jefferson County Texas,NO.E-0148045,dismissed as frivolous;(date unknown)
- 4).Carson Vs.Serrano,in the 202nd District Court of Bowie County, # 97-CV-464-202,dismissed,date unknown,96 S.W.3d.697(Texarkana Ct. of Appeals).
- 5).Carson V.Denby,in the United States District Court,Eastern District-#1-93-CV-470,Voluntarily dismissed,date unknown;
- 6).Carson V.Morin,United States District Court-Eastern District, # 1-93-CV-385,Voluntarily dismissed;
- 7).Carson V.Johnson,in the United States District Court,Eastern-District,NO.6-CV-109,Sanctions imposed for \$100,by Magistrate McKee;
- 8).Carson V.West,in the United States District Court-Eastern,# 1-94-CV-713,Voluntarily dismissed,date unknown.
- 9).Carson V.Johnson,in the United States District Court-Eastern, 112 F.3d.118(5Th Cir.1997),sanctions of \$250,where 2254 was converted into 1983 by the Court;
- 10).Carson V.Polley,in the United States District Court-Northern District at Dallas,689 F.2d.562(5th Cir.1982),Jury Trial in favor of Plaintiff,
- 11).Carson Vs.Estelle,Pustka,in the United States District Court-Eastern-Tyler,#-TY-79-356-CA,settlement Juune,1991;
- 12).Carson V.Middleton,in the United States District Court-Northern District at Abilene,# CA-1-85-7-W;settlement 1986-December;
- 13).Carson V.Aguilers,in the United States District Court-Eastern District-Tyler,# 6:90-CV527-Defendants,Sias,Jones,Jury Trial in favor of Defendants;(date unknown)

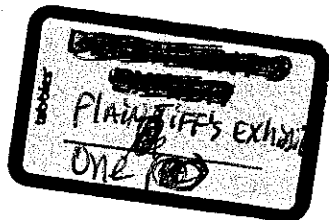
[addendum to page two of Civil Rights complaint-Previous lawsuits]

- 14).Carson V.Waldron,in the United States District Court-Eastern District,978 F.2d.(5th Cir.), claims against Warden Waldron,dismissed dates unknown;
- 15).Carson V.kent,United States District Court-Eastern District-#-93-5462,dismissed as frivolous,dates unknown;
- 16).Carson V.Collins,in the United States District Court-Northern District at Dallas,#-CA-3-89-02116-H,dismissed,dates unknown;
- 17).Carson V.Peterson,in the United States District Court,949 F.2d.-1158(5Th Cir.)dates unknown of dismissal;
- 18).Carson V.Hernandez,in the United States District Court-Northern District at Abilene,~~242x2x2~~. dates unknown;
- 19).Carson V.Lopez,in the Walker County,350Th District Court of Potter County,#86-799-D;134 S.W.3d;dismissed,Without prejudice to refile,date unknown;
- 20).Carson V.Walker,in the 251st District Court of Potter County,# 92,554,Dismissed without Prejudice,date unknown;
- 21).carson V.carson,in the 44th District Court of Dallas County,#-04-0303-B,dismissed 2005.

I Arthur Carson,state the foregoing previous lawsuits,to the best of My knowledge,are true and correct.due to the remoteness of previous lawsuits,and the Prison's Policy that prohibits Me from keeping outdated legal documents,this is the most accurate information I currently have. I swear the foregoing statements are true and correct,pursuant to 28 U.S.C. § 1746.

Dated this 1st day of Dec.2006.

Arthur Carson
Arthur Carson,#517349
P.O.Box 4500-Michael Unit
Tenn.Colony,Tx.75886



IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF TEXAS
TYLER DIVISION

FILED
U. S. DISTRICT COURT
EASTERN DISTRICT OF TEXAS

JUN 21 1991

MURRAY L. HARRIS, CLERK

BY
DEPUTY CLERK

ARTHUR CARSON
Plaintiff

§
§
§

v.

§ CIVIL ACTION NO. TY-79-356-CA

§

W. J. ESTELLE, JR., ET AL.,
Defendants

§
§

COMPROMISE AND SETTLEMENT AGREEMENT

The following is a settlement made on this 14th day of June, 1991,
between Plaintiff and Defendants.

I.

STATEMENT OF THE CASE

1. Plaintiff brought this suit alleging violations of his civil rights.
2. Defendants, in good faith, contend that they are not liable.

II.

TERMS OF SETTLEMENT

In consideration of the mutual covenant set forth herein, the parties agree to
be bound and obligated as follows:

- (1) The Defendants promise to pay the Plaintiff the sum of two thousand
and no/100 dollars (\$2,000.00);
- (2) That Plaintiff shall be transferred from the Michael Unit of TDCJ-ID
as soon as possible;
- (3) Costs of Court;
- (4) As consideration for such payment by Defendants, Plaintiff shall
dismiss with prejudice the pending action and shall not institute any legal

"PLAINTIFF'S EXHIBIT # ONE"

proceedings against Defendants or the Institutional Division of the Texas Department of Criminal Justice or any employee thereof in any court for any reason connected with the occurrences forming the basis of this lawsuit and Plaintiff forever discharges Defendants and the Institutional Division of the Texas Department of Criminal Justice or any employee thereof from all claims, demands, damages, actions, and causes of action whatsoever as have arisen or may arise in connection with the allegations forming the basis of this lawsuit; and

(5) Plaintiff agrees to file a stipulated dismissal with prejudice under Rule 41(a)(1)(ii), Federal Rules of Civil Procedure, of the above mentioned legal action against Defendants.

III.

NO ADMISSION OF LIABILITY

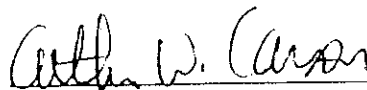
This agreement is executed by the parties hereto for the sole purpose of compromising and settling the matters involved in this dispute and it is expressly understood and agreed, as a condition hereof, that this agreement shall not constitute or be construed to be an admission on any part of Defendants or as evidencing or indicating any degree of admission of the truth or correctness of any claims asserted.

IV.

EFFECT OF AGREEMENT

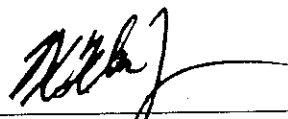
Plaintiff understands that the two thousand and no/100 dollars (\$2,000.00) to be paid by Defendants and the transfer agreement, was agreed to as a compromise to avoid expense and to terminate all controversy or claim whatsoever as has arisen or may arise in connection with the incidents forming the basis of this lawsuit. Plaintiff expressly agrees that his acceptance of such payment by Defendants shall be a complete bar to all claims or suits for injuries or damages of any nature resulting or to result from said allegations set forth in this lawsuit.

Respectfully submitted,



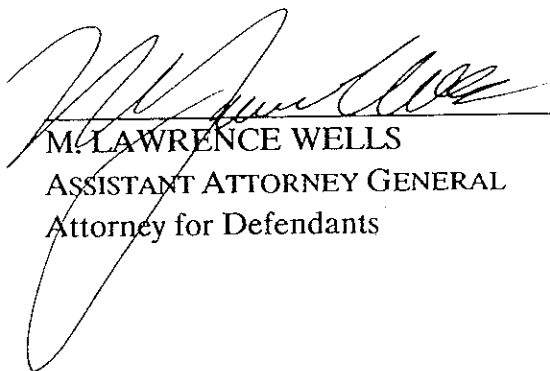
ARTHUR CARSON

Plaintiff



F. R. FILES

Attorney for Plaintiff



M. LAWRENCE WELLS

ASSISTANT ATTORNEY GENERAL

Attorney for Defendants



The University of Texas Medical Branch Galveston
Correctional Managed Care
Quality Services
301 University Blvd.
Galveston, Texas 77555-1007

TRUCK MAIL

MEMORANDUM

TO: Offender: *Arthur Carson* TDCJ# *517349*
Facility: *Michael* *MA-036*
FROM: Department of Quality Services
DATE: *5/29/06*

0322

CD

We received your letter regarding healthcare concerns in our office. We forwarded your letter to the Facility Practice Manager/Administrative Associate or their designated representative in your medical department. We encourage you to use the process on your unit to discuss your health related concerns. We are hopeful that you will achieve a satisfactory resolution.

"Plaintiff's Exhibit - Two"



Texas Department of Criminal Justice

STEP 1

OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2DD06142764Date Received: APR 24 2006Date Due: 03 JUN 2006Grievance Code: 600 - 0Investigator ID #: ID649Extension Date: —Date Retd to Offender: MAY 24 2006

Offender Name: ARTHUR CARSON TDCJ # 517349
 Unit: MI Housing Assignment: 4D-68
 Unit where incident occurred: MI

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Lt. Gould When? 4/24/06

What was their response? Called infirmary "MS. Holgram"

What action was taken? NONE

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

On 4/21/06, I WAS ORDERED OUT OF MY BOTTOM BUNK, I WAS ADVISED BY SECURITY MY RESTRICTIONS WERE TAKEN. MY RESTRICTIONS HAVE BEEN ARBITRARILY TAKEN BY UNIT MEDICAL OR SECURITY, INSPIRE OF A BUILDING BACK DISC I SUFFER, AS PURSUANT TO MY HS-18 FOR 17 YEARS IN TDCJ.

THE MICHAEL UNIT'S ACTIONS REPRESENT A ONGOING PATTERN OF REPRISALS FOR CRITICIZING THE LACK OF TREATMENT BY P.A. FLEMINGS, AND THE FACT MY MEDICAL RECORDS FROM TEXAS TECH MEDICAL FACILITY HAS BEEN IGNORED, THE MICHAEL UNIT MEDICAL HAS ACTED GROSSLY NEGLIGENT.

ALSO, THIS ENTAILS AN INDIFFERENCE TO MY HEALTH AND SAFETY, WHERE I HAVE AGGRAVATED MY BACK PROBLEM GETTING UP AND DOWN MY TOP BUNK, WHICH CAUSES EXCRUCIATING PAIN, WHERE THERE IS IMMINENT DANGER OF SERIOUS HARM AS A RESULT OF THESE RETALIATORY MEASURES, AND MY CONFINEMENT ON THE MICHAEL UNIT VIOLATES THE TERMS OF MY SETTLEMENT AGREEMENT WITH TDCJ, "TO NOT BE HOUSED ON THE MICHAEL UNIT." See; CARSON VS. ESTELLE, PUSTKA, ET AL., # TY-79-356-CA, U.S. EASTERN DISTRICT COURT-TYLER (1991), "REGARDING PREVIOUS RETALIATORY TREATMENT."

RULE 20-PD-22-TDCJ'S EMPLOYEE'S RULE MANUAL REQUIRES ALL EMPLOYEES THE RESPONSIBILITY TO KNOW THE RULES, OR COURT ORDERS REGARDING THE OPERATION OF THE AGENCY. CURRENTLY, THE AGENCY IS IN CONTEMPT OF A COURT ORDER, SOLEY TO RETALIATE AGAINST ME, WHILE CONTEMPORANEOUSLY IGNORING MY MEDICAL DISABILITIES.

Action Requested to resolve your Complaint.

MEDICAL RESTRICTIONS RESTORED; SETTLEMENT AGREEMENT
COMPLIED WITH; REFERRED TO OIG, AND ATTORNEY GENERAL'S OFFICE.

Offender Signature: Arthur Carson

Date: 4-24-06

Grievance Response:

Mrs. Allison, Administrative Associate reports:

You were seen 5/1/06 by one of our providers and denied a low bunk restriction.
 You do not meet the criteria for a low bunk restriction.

**ASST.
WARDEN
PRATT**

MAY 24 2006

Signature Authority: [Signature]

Date: _____

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Vacant - discontinued 9-1-00
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Signature: _____

I-127 Back (Revised 9-1-2001)

OFFICE USE ONLY

Initial Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 2

OFFENDER GRIEVANCE FORM

Offender Name: Arthur CARSON TDCJ # 517349
 Unit: MI CO Housing Assignment: WADABER 0322
 Unit where incident occurred: MI

OFFICE USE ONLY

Grievance #: 2006142764
 UGI Recd Date: 5-30-06
 HQ Recd Date: JUN 05 2006
 Date Due: 7-4
 Grievance Code: 600
 Investigator ID #: 10352
 Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...

THE ISSUES HAVE NOT BEEN ADDRESSED, THAT MY LOW BUNK RESTRICTIONS AND EVERY OTHER RESTRICTION WAS ARBITRARILY TAKEN, DESPITE MY MEDICAL HISTORY. AS A RESULT, I AM DENIED TREATMENT FOR BACK PAIN.

SECOND, AS RETALIATION THE MEDICAL PROVIDERS ARE VIOLATING A COURT ORDER REACHED IN CARSON VS. ESTELLE, PUSTKA, TY-79-356-CA, U.S. EASTERN DISTRICT COURT. THUS I AM FORCED TO DO LABOR I AM PHYSICALLY UNABLE TO DO.

IN ACCORDANCE WITH SECTION 501.008, GOV. CODE, I AM REQUESTING THE OPPORTUNITY TO SUBSTANTIATE MY CLAIMS.

Offender Signature: Arthur CarsonDate: 5/26/06

Grievance Response:

Carson #517349 #2006142764

The Step 1 grievance, the response, and available documentation were reviewed regarding an allegation of medical restrictions being taken without a physical review. Health care at the Michael Facility is provided by University of Texas Medical Branch. The issuance of restrictions is the determination of the provider at the time of your examination and is considered part of your treatment regimen. The following restrictions were discontinued on 03/15/2006: lower only, no lifting greater than twenty-five pounds, no climbing, and no work exposure to loud noises. According to clinical record documentation a provider examined you for complaints of back pain on 05/01/2006. The provider documented that you did not meet criteria for a lower bunk. Facility medical personnel were contacted on your behalf and the provider reviewed your chart on 06/15/2006, at which time the restriction "no work exposure to loud noises" was reinstated. If you feel that your medical condition warrants further evaluation, you may submit a Sick Call Request to the facility medical department. TDCJ Health Services Division does not have the authority to override your facility provider's clinical decision and/or order. Review of your Step 1 grievance reveals that you did not attempt informal resolution regarding the discontinuation of restriction concerns with facility medical supervisory staff. Refer to Health Services-34 "Getting Medical Treatment" for further information. No further action is required through the grievance mechanism.

Signature Authority: Guy SmithDate: 6-16-06Guy Smith
Program Admin. 111-OPSReturned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 6. Inappropriate. *

CGO Staff Signature: _____

I-128 Back (Revised 9-1-2001)

OFFICE USE ONLY

Initial Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 1

OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2006202071
 Date Received: 7-24-06
 Date Due: 9-02-06
 Grievance Code: 614,815
 Investigator ID #: I-1309
 Extension Date: _____
 Date Retd to Offender: AUG 04 2006

Offender Name: Arthur Carson TDCJ # 517349
 Unit: Coffield Housing Assignment: R-212
 Unit where incident occurred: Coffield

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Major McKellar-Unit Classification When? 7/19/06

What was their response? Said in a belligerent tone, "He will assigned me anywhere He wanted"

What action was taken? Major McKellar, said It would happen again

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

There exist a Breach in the State's Computer System, that have resulted
in indifference to My Health, Safety and a sadistic infliction of pain.
the fruits from this misuse of the State's computer is to punish me from
an illegitimate order to get into a top bunk nearly five feet from the floor,
without steps; or handrails, even though I am 52 years old.

My files were deleted without Doctors Orders, or any discontinuation order
in the computer from UTMB. this corruption or deleting of My Medical files,
e.g., "HSM-18, Health Summary Restrictions" occurs only when Security needs
a lower Bunk, where an orchestrated effort is made to eliminate My Restriction
illegally.

Major McKellar, has made it lucidly clear, Security over-rides Health, as a
result, there exist three distinct violations of the Law, e.g., "Breach of
Computer Security, pursuant to Article 33.02, Texas Penal Code; Violations of
the Americans With Disabilities Act, 49 CFR Title II, & III; and that established
in Estelle V. Gamble, 429 U.S. 97. 97 S.Ct. 285 (1976), "deliberate and indifference
standard". JUL 24 2006

JUL 24 2006

Action Requested to resolve your Complaint.

Refer Breach of Computer Security to OIG; Expunge
erroneous disciplinary infraction given contrary to Health; cease and
desist Classification in over-riding Medical Restrictions. JUL 24 2006Offender Signature: Utth CarsonDate: 7/24/06

Grievance Response:

*K. Atwood, Practice Manager: Your restrictions -for lower only, no lifting over 25 lbs., no work exposure to loud noises- were dc'd on March 20, 2006 by Ms. Johnson at the Michael Facility. Ms. Berger has reviewed your chart and added restrictions-lower only, no lifting over 25 lbs., no squatting, and no work exposure to loud noise, effective July 13, 2006. * No evidence was found to support your claims of unprofessional conduct by Major McKellar. Investigation reveals your restrictions were removed by authorized Medical Staff, while at the Michael Unit. No further action is warranted.

Signature Authority: MS

S. Swift

Date: 8-3-06

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (J-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution.*
- ☐ 6. No requested relief is stated.*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Vacant - discontinued 9-1-00
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Signature: _____

I-127 Back (Revised 9-1-2001)

OFFICE USE ONLY

Initial Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: ARTHUR CARSON TDCJ # 517349
 Unit: CO Housing Assignment: R-212
 Unit where incident occurred: CO

OFFICE USE ONLY

Grievance #: 2006202071
 UGI Recd Date: 8-09-06
 HQ Recd Date: AUG 14 2006
 Date Due: 9-13-06
 Grievance Code: 614, 815
 Investigator ID #: 10902
 Extension Date: 10-18-06

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...

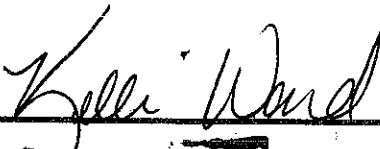
THE RESPONSE LACKS CREDIBILITY, FACTUALLY DEFICIENT, WHERE THE RESPONSE IS CONTRARY TO EVIDENCE SUBMITTED IN DISCIPLINARY CASE # 20060317054; WHERE A "MEDICAL-PASS" SPECIFYS THE TIME LINE MY RESTRICTIONS WERE EFFECTIVE, THIS EVIDENCE REFUTES THE STEP ONE REPLY, (EFFECTIVE BEFORE 7/13/06) HAD A LEGITIMATE INVESTIGATION TAKEN PLACE, WOULD REVEAL THE COMPUTER SECURITY HAVE BEEN BREACHED, WHERE I HAVE "TWO SCREENS" SHOWING TWO SEPERATE RECORDS ON THIS COMPUTER. COUPLED WITH THE FACT MS. JOHNSON, AT THE MICHAEL FACILITY, FAILED TO INCLUDE A DISCONTINUANCE ORDER, OR DOES MS. JOHNSON HAVE AUTHORIZATION FROM ANY DOCTOR, AND NO MIRACULOUS CHANGE IN MY HEALTH OCCURED. AND FINALLY, THE DEFIANT, BELLIGERANT MANNER MAJOR MCKELLAR SAID HE COULD REASSIGN ME REGARDLESS OF MY RESTRICTIONS HAVE NOT BEEN ADDRESSED. THEREFORE BY NOT ALLOWING ME TO SUBSTANTIATE MY CLAIMS IS A RECKLESS DISREGARD FOR THE TRUTH AND VIOLATES THE LAW PERTAINING TO GRIEVANCE INVESTIGATION PROCEDURES, SEE SECTION 501.008, TEXAS GOVERNMENT CODE. AGAIN, I AM REQUESTING THE EVIDENCE SUBMITTED BY ME IN THE ABOVE CITED CASE BE REVIEWED FOR A FAIR DETERMINATION.

Offender Signature: Arthur CarverDate: 8/7/06

Grievance Response:

This office reviewed the issues presented in your grievance. Your complaint pertaining to staff was referred to the Region II Grievance Office. No staff misconduct was noted during the investigation conducted by that office. No corrective action is warranted. Your medical concern was referred to the Office of Professional Standards. Documentation was reviewed concerning your allegation files were deleted without doctors' orders. A review of the available clinical record documentation reflects that restrictions were discontinued when you chained into the Michael Unit on 03/15/06. Additionally the health care provider (at the Michael Facility) saw you on 05/01/06 and denied your request for a low bunk restriction. You were assigned to the Coffield Unit on 05/31/06. Further review of the clinic notes reflects the Health Summary for Classification (HSM-18) was revised on 07/13/06 and you currently have several restrictions (including a bottom bunk). The decision to revise the HSM-18 remains the responsibility of the health care provider as medically indicated according to current conditions. You may wish to submit a Sick Call Request to the facility medical department staff if you feel current medical conditions warrants a re-evaluation.-d-jw

Signature Authority:


Date: SEP 07 2006Returned because: **Resubmit this form when corrections are made.*

Kelli Ward

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 6. Inappropriate. *

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

Case 6:06-cv-00559-JED-DISCIPLINARY REPORT AND STATUS RECORD PageID #: 25
CASE: 20060317054 TDCJ NO: 00517349 NAME: CARSON, ARTHUR WAYNE EA:
UNIT: CO HSNB: 6-4 14 B JOB: PRE-HEARING DETENTION IQ:
CLASS: S3 CUST: 62 PRIMARY LANGUAGE: ENGLISH MMR RESTRICTIONS:
GRADE: MA / MCM OFF. DATE: 07/06/06 05:30 PM LOCATION: CO 0 WING 3 ROW
TYPE: ID

OFFENSE DESCRIPTION

ON THE DATE AND TIME LISTED ABOVE, AND AT 0 WING 322 CELL, OFFENDER: CARSON, ARTHUR WAYNE, TDCJ-ID NO. 00517349, WAS ORDERED BY OFFICER PENA TO ACCEPT AND MOVE INTO 0 WING 322 TOP BUNK, AND SAID OFFENDER FAILED TO OBEY THE ORDER BECAUSE HE DOES NOT WANT TO BE ON THE TOP BUNK.

MLL

CHARGING OFFICER: PENA, M. SHIFT/CARD: 1 2
OFFENDER NOTIFICATION IF APPLICABLE INTERPRETER,
TIME & DATE NOTIFIED: 4:05 AM 07/10/06 BY: (PRINT) Chm
YOU WILL APPEAR BEFORE A HEARING OFFICER 24 HOURS OR MORE AFTER RECEIPT OF THIS NOTICE. DO YOU WANT TO ATTEND THE HEARING? YES NO IF NO, HOW DO YOU
PLEAD? GUILTY NOT GUILTY
OFFENDER NOTIFICATION SIGNATURE: [Signature] DATE: 07/10/06
BY SIGNING BELOW, YOU GIVE UP YOUR RIGHT TO 24 HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING.
OFFENDER WAIVER SIGNATURE: _____ DATE: _____

HEARING INFORMATION

HEARING DATE: 7-12-06 TIME: 0658 TAPE# 326 SIDE# A START# END#
COUNSEL SUBSTITUTE AT HEARING: TAPE# 768 SIDE# A START# END#
EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART OF HEARING, (2) IF ACCUSED OFFENDER WAS CONFINED IN PRE-HEARING DETENTION MORE THAN 72 HOURS PRIOR TO HEARING, (3) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE EVIDENCE STAGE, (4) IF ANY WITNESSES OR (5) DOCUMENTATION WAS EXCLUDED FROM HEARING (6) IF OFFENDER WAS DENIED CONFRONTATION AND/OR CROSS-EXAMINATION OF A WITNESS AT THE HEARING (7) IF HEARING WAS NOT HELD WITHIN SEVEN DAYS, EXCLUDING WEEK ENDS AND HOLIDAYS, FROM THE OFFENSE DATE AND (8) IF INTERPRETER USED:
(SIGNATURE) INVESTIGATOR A/D AVISE MOLLOY

OFFENSE CODES: 24.2
OFFENDER PLEA: (G, NG, NONE) NG
FINDINGS: (G, NG, DS) G
REDUCED TO MINOR (PRIOR TO DOCKET) (DOCKET) (HEARING) BY: (INITIAL)
IF GUILTY, EVIDENCE PRESENTED, CONSIDERED, AND REASON(S) FOR DETERMINATION OF GUILT: A) ADMISSION OF GUILT, B) OFFICER'S REPORT, C) WITNESS TESTIMONY, D) OTHER.
EXPLAIN IN DETAIL: A/D TESTIMONY
MEDICAL INFO FROM C/S COTTON

PUNISHMENT

LOSS OF PRIV(DAYS) _____ REPRIMAND _____ SOLITARY(DAYS) _____
*RECREATION(DAYS) _____ EXTRA DUTY(HOURS) _____ REMAIN LINE 3 _____
*COMMISSARY(DAYS) 30 CONT. VISIT SUSP THRU _____ REDUC. CLASS FROM S3 TO S4
*PROPERTY(DAYS) _____ CELL RESTR(DAYS) 30 GOOD TIME LOST(DAYS) _____
* _____ (DAYS) _____ SPECIAL CELL RESTR(DAYS) _____ DAMAGES/FORFEIT. \$ _____

SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED:
SECURITY NATURE OF OFFENSES MODIFY BEHAVOR
CREDIT FOR PRE-HEARING DETENTION TIME? YES(DAYS) _____ NO / NA
DATE PLACED IN PRE-HEARING DETENTION: _____ HEARING LENGTH 5 (MINUTES)
OFFENDER SIGNATURE FOR RECEIPT OF FINAL REPORT: Handwritten Signature

HEARING OFFICER (PRINT) WARDEN STATE CLASS COMMITTEE MEMBER
(FORM I-47MA) CONTACT COUNSEL SUBSTITUTE IF YOU DO NOT UNDERSTAND THIS FORM.
(REV. 03-02) COMMUNIQUE CON SU CONSEJERO SUSTITUTO SI NO ENTIENDE ESTA FORMA

CASE: 20070091637 TDCJNO: 00517349 NAME: CARSON, ARTHUR WAYNE EA: 11.2
 UNIT: MI HSNQ: 11PH 14 T JOB: PRE-HEARING DETENTION IQ: 092
 CLASS: S3 CUST: 62 PRIMARY LANGUAGE: ENGLISH MHMR RESTRICTIONS: NO
 GRADE: MA / LC OFF. DATE: 11/27/06 04:30 AM LOCATION: MI MISCELLANEOUS
 TYPE: ID

OFFENSE DESCRIPTION

ON THE DATE AND TIME LISTED ABOVE, AND AT B POD II SECTION 48 CELL, OFFENDER: CARSON, ARTHUR WAYNE, TDCJ-ID NO. 00517349, WAS ORDERED BY (SGT. ALLEN) TO MOVE FROM THE BOTTOM BUNK OF 48 CELL TO THE TOP BUNK, AND SAID OFFENDER FAILED TO OBEY THE ORDER.S

CHARGING OFFICER: ALLEN, A. SHIFT/CARD: 2 1
OFFENDER NOTIFICATION IF APPLICABLE INTERPRETER,
 TIME & DATE NOTIFIED: 11-29-06 0948 BY: (PRINT) OJUCR
 YOU WILL APPEAR BEFORE A HEARING OFFICER 24 HOURS OR MORE AFTER RECEIPT OF THIS NOTICE. DO YOU WANT TO ATTEND THE HEARING? YES NO IF NO, HOW DO YOU PLEAD? GUILTY NOT GUILTY
 OFFENDER NOTIFICATION SIGNATURE: *Arthur Carson* DATE: 11-29-06
 BY SIGNING BELOW, YOU GIVE UP YOUR RIGHT TO 24 HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING.
 OFFENDER WAIVER SIGNATURE: _____ DATE: _____

HEARING INFORMATION

HEARING DATE: 12-1-06 TIME: 12:00 TAPE# 2972 SIDE# A START# 320 END# 431
 COUNSEL SUBSTITUTE AT HEARING: *SC* TAPE# _____ SIDE# _____ START# _____ END# _____
 EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART OF HEARING, (2) IF ACCUSED OFFENDER WAS CONFINED IN PRE-HEARING DETENTION MORE THAN 72 HOURS PRIOR TO HEARING, (3) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE EVIDENCE STAGE, (4) IF ANY WITNESSES OR (5) DOCUMENTATION WAS EXCLUDED FROM HEARING (6) IF OFFENDER WAS DENIED CONFRONTATION AND/OR CROSS-EXAMINATION OF A WITNESS AT THE HEARING, (7) IF HEARING WAS NOT HELD WITHIN SEVEN DAYS, EXCLUDING WEEK ENDS AND HOLIDAYS, FROM THE OFFENSE DATE AND, (8) IF INTERPRETER USED:
 (SIGNATURE) *Robert for Owen, provided for conference, provided for documents*

incomplete that
 OFFENSE CODES: 24.0
 OFFENDER PLEA: (G, NG, NONE) *NG*
 FINDINGS: (G, NG, DS) *G*
 REDUCED TO MINOR (PRIOR TO DOCKET) _____ (DOCKET) _____ (HEARING) _____ BY: (INITIAL) _____
 IF GUILTY, EVIDENCE PRESENTED, CONSIDERED, AND REASON(S) FOR DETERMINATION OF GUILT: A) ADMISSION OF GUILT B) OFFICER'S REPORT, C) WITNESS TESTIMONY, D) OTHER.
 EXPLAIN IN DETAIL: *Officer report & no more prior to sentencing mod. sent - 10 days later*

PUNISHMENT

LOSS OF PRIV(DAYS) _____ REPRIMAND _____ SOLITARY(DAYS) 15
 *RECREATION(DAYS) _____ EXTRA DUTY(HOURS) _____ REMAIN LINE 3 _____
 *COMMISSARY(DAYS) 15 CONT. VISIT SUSP THRU 1/15 REDUC. CLASS FROM *S3* TO *C1*
 *PROPERTY(DAYS) _____ CELL RESTR(DAYS) 15 GOOD TIME LOST(DAYS) _____
 * _____ (DAYS) _____ SPECIAL CELL RESTR(DAYS) _____ DAMAGES/FORFEIT. \$ _____

SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED: *Reported to class officer not to be in*

CREDIT FOR PRE-HEARING DETENTION TIME? YES(DAYS) _____ NO / NA
 DATE PLACED IN PRE-HEARING DETENTION: 11/27/06 HEARING LENGTH 5 (MINUTES)
 OFFENDER SIGNATURE FOR RECEIPT OF FINAL REPORT: *Arthur Carson*

HEARING OFFICER (PRINT) WARDEN STATE CLASS COMMITTEE MEMBER
 (FORM I-47MA) CONTACT COUNSEL SUBSTITUTE IF YOU DO NOT UNDERSTAND THIS FORM.
 (REV. 03-02) COMUNIQUESE CON SU CONSEJERO SUSTITUTO SI NO ENTIENDE ESTA FORMA

ACCORDING TO THE OFFENDER ORIENTATION HANDBOOK, COMPLAINTS ABOUT MEDICAL SERVICES SHOULD BE SUBMITTED ON I-60/OR LETTER, TO THE FACILITY HEALTH ADMINISTRATOR, WHO IS THE COMPLAINT COORDINATOR, Pg. 36(c)(6).

SUBJECT: State briefly the problem on which you desire assistance.

my HS-18 were CAPRICIOUSLY CHANGED BY VIRGINIA BUCHANAN, CONTRARY TO MY MEDICAL HISTORY, WHEREBY I HAVE BEEN PLACED ON A JOB CONTRAINDICATED. THIS PA HAS REFUSED TO PROVIDE ME INFORMATION ON THE SIDE EFFECTS AND DANGERS OF MEDICATIONS SHE HAS PRESCRIBED, I.E., "HYDROCHLOROTHIAZIDE" AND REFUSE TREATMENT FOR HEPATITIS-C.

I WOULD LIKE TO SEE YOU REGARDING THE ABOVE, ALTERNATIVELY PLEASE CORRECT MY HS-18 RESTRICTIONS AS PER MY MEDICAL HISTORY.

Name: ARTHUR CARSON

No: 517349

Unit: MI

Living Quarters: 3B48

Work Assignment: PACKING PLANT

DISPOSITION: (Inmate will not write in this space)

Ms Buchanan is the Unit Provider
 & Appt - 11/13/06 - c. Crofton
 Provider
 J. Howler
 11-10-06

RECEIVED 0600

NOV 10 2006

MI - MEDICAL

I-60 (Rev. 11-90)

PLAINTIFF'S EXHIBIT - "Five"

OFFENDER REQUEST TO OFFICIAL (I-60) FORM
AS PER PAGE 49, SEC. (P) TDCJ'S OFFENDER ORIENTATION
HANDBOOK

SUBJECT: State briefly the problem on which you desire assistance.

My HS-18 Restrictions are being Deleted and Ignored, i.e., "NO
Lifting 25 LBS; Lower Bunk; NO Climbing; NO Exposure To Loud Noises;
I would like your attention in this matter.

<input type="checkbox"/> Visiting List (Area Director of Classification, Administrative Building)	<input type="checkbox"/> Unit Assignment (Area Director of Classification, Administrative Building)
<input type="checkbox"/> Parole Recommendation and related information (Unit Parole Commission)	<input type="checkbox"/> Restoration of lost overtime (Unit Warden/Approved, will be forwarded to the State (Administrative Building))
<input type="checkbox"/> Inmate's Release Record (Request for copy of record, info, Inmate to be released, discharge date, discharge date)	<input type="checkbox"/> Inmate's Release Record (Request for copy of record, info, Inmate to be released, discharge date, discharge date)
<input type="checkbox"/> Name: <u>Arthur Carson</u>	<input type="checkbox"/> No: <u>517349</u>
<input type="checkbox"/> Living Quarters: <u>3B48</u>	<input type="checkbox"/> Unit: <u>MT</u>
<input type="checkbox"/> Work Assignment: <u>Meat Pack Plant</u>	<input type="checkbox"/> Work Assignment: <u>Meat Pack Plant</u>

DISPOSITION: (Inmate will not write in this space)

Restrictions are present.
Talk to Security -
Abuelky

RECEIVED 0600

NOV 28 2006

MI - MEDICAL

I-60 (Rev. 11-99)

11-28-06

PLAINTIFF'S EXHIBIT "FIVE"